

Docket No. 71914/JPW/NDP*JFW*IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Nalam Madhusudhana Rao and Priyamvada Acharya
Serial No. : 10/768,951 Examiner: T. Saidha
Filed : January 29, 2004 Group Art Unit: 1652
For : STABLE GENE VARIANTS OF LIPASES

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: September 13, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	51	* 51	*** 0 x	\$25	\$50	=		0
Independent Claims	3	** 3	*** 0 x	\$100	\$200	=		0
Multiple Dependent Claim(s) Presented For First Time _____ Yes _____ No				\$180	\$360	=		0
				TOTAL ADDITIONAL FEE			\$ 0	

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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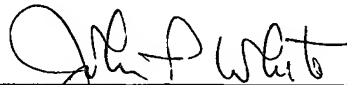
The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
☐ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)
☒ A Petition for an Extension of Time, including a fee of
\$ 450.00 for a Petition for 2 Month(s) Extension of Time
☐ Other (identify): _____

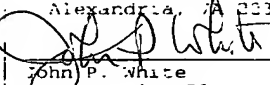
THE TOTAL FEE DUE IS \$ 450.00.

☒ A check in the amount of \$ _____ is enclosed.
☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313 1450	
 John P. White Reg. No. 28,678	<u>9/13/06</u> Date